

QUEEN ANNE'S COUNTY



Selection of Focus Area

Queen Anne's County Health Department pursues community health planning with community coalitions and councils that exist to promote well being in the community. In 1995, the "Families Acting to Build Responsive and Integrated Communities" (FABRIC) needs assessment process for Queen Anne's County was completed by the former regional Local Management Board. Through focus groups with children and families, this effort led to a comprehensive community plan recommending dissemination of information about resources and development of services to fulfill unmet needs.

Our 2010 Health Improvement Plan is derived from our liaisons in the community, the FABRIC plan, and from a survey that was completed in fall of 1999 by 125 individuals. Substance abuse was identified as a priority health issue for Queen Anne's County. Other health priorities include reducing tobacco use, reducing cancer morbidity and mortality, early childhood learning, reducing child abuse and neglect, and supporting long-term care.

DEMOGRAPHIC OVERVIEW

Estimated Population, by Race – 1998

Total	39,680
White	84.1%
Other	15.9%

Estimated Population, by Age – 1998

Under 1	450	18-44	14,940
1-4	2,060	45-64	9,700
5-17	7,400	65+	5,130

All causes Mortality Rate (age-adjusted, per 100,000 population) 1996-1998 434.5

Infant Mortality Rate 1995-1999 11.1

Estimated Mean Household Income – 1999 \$62,600

Estimated Median Household Income – 1999 \$50,600

Civilian Unemployment Rate, Annual Average – 1999 2.9

Labor force (Top 4) – 1995

Retail Trade	3,300	Government (Federal, Military)	1,700
Services	3,200	State & Local Gov., Construction (tied) .	1,500

Sources: Maryland Vital Statistics, 1999
Maryland Department of Planning, 1995, 1998, 1999

Preventing Alcohol & Drug Use Among Youth

Problem

Data from the 1996 Maryland Adolescent Survey and information obtained from a local survey conducted by the Combating Underage Drinking Coalition reveals that underage drinking is a problem in Queen Anne's County. In sixth grade, Queen Anne's youth self-reported using less marijuana, beer, and alcohol than the state average. However, according to the Maryland Adolescent Survey (1996), Queen Anne's 12th graders exceeded the state average in every category. In the survey conducted by the Combating Underage Drinking Coalition (2000), 40% of the 200 high school students surveyed reported consuming alcohol in the past 30 days and 12.5% reported consuming greater than 10 drinks in the past 30 days. In the same survey, 24% stated their parents had never discussed alcohol and/or drug use with them. Underage drinking and drug use undermines students' capacity to be successful in school. Parents are unaware of the critical role they have in shaping the health of adolescents.

Determinants

The perception that substance abuse is a problem in Queen Anne's County is validated by statistical data. Data from the Behavioral Risk Factor Surveillance System for the Eastern Shore (1996) indicated that binge drinking (five or more drinks consumed at once, one or more times per month) has increased. The rate per 100 people increased from 28.6 in 1992, to 29.3 in 1993, to 30.5 in 1995. For chronic drinking (60 or more drinks per month), the rate increased from 3.1 in 1992 to 4.8 in 1995.

Data concerning youth and substance abuse is found in the U.S. Department of Education's Maryland Adolescent Survey (1996). These self-reported behavioral data portray Queen Anne's youth in sixth grade using less marijuana, beer, and other alcohol than the state average. However, by 12th grade, Queen Anne's students exceed the state average. Between sixth and 12th grade, the following increases were documented as "used in the past 30 days":

Queen Anne's County Students Substances Used in Last 30 Days		
Substance	% of 6th Grade Students Reporting	% of 12th Grade Students Reporting
Beer and wine (excluding religious use)	3.8	52.5
Liquor (rum, vodka, whiskey)	1.8	38.9
Five or more servings of alcohol on same occasion	0.6	40.9
Marijuana	1.5	28.2
LSD	1.1	8.4
Source: Maryland Adolescent Survey, 1996		

The Community Partnership for Children (Local Management Board) has mobilized the community to focus on three areas. Their vision is to:

- Create a community that supports family life;
- Create a community where children enter school ready to learn; and,
- Create a community where children are successful in school.

The Queen Anne's County Health Department is heavily invested in all three. The Maryland Children's Health Program; Women, Infants and Children (WIC); Healthy Start, Family Planning Services, Newborn Visits, Families First (Family Support Center), Adult Day Medical Services, and Adult Evaluation and Review Services, all support Family Life. In addition, the Health Department teaches "*Babysitting Basics*" and "*Never Shake A Baby*." Families First staff and nurses conducting newborn home visits and Healthy Families parent educators are introducing the Parents as Teachers curriculum entitled "*Born to Learn*" in an effort to develop children who enter school ready to learn.

The Health Department supervises nurses assigned to each school. Vision and hearing screening, diagnostic and advisory clinics, family planning services, prevention efforts, as well as the daily school nurse services support a community where children are successful in school. This Health Improvement Plan will fortify the efforts of the Community Partnerships for Children (Local Management Board). Substance abuse undermines family life and reduces students' capacity to be successful in school.

Objective 1 - By 2010, decrease adolescents' perceptions that parents accept underage drinking and drug use as a norm from 24% in 2000 to 12%. (Source: Combating Underage Drinking Survey, Winter 2000)

Objective 2 - By 2010, increase the number of parents' participation in a formalized parenting program from eight to 30 per year.

Objective 3 - By 2010, decrease eighth graders' use of alcohol in the past 30 days from 19.6% of those surveyed in 1996 to 10%. (Source: Maryland Adolescent Survey, 1996)

Action Steps

- ⇒ Initiate "*Parents Make a Difference*," an approach which empowers parents to recognize the impact of their values and behaviors, and to communicate clear expectations.
- ⇒ Conduct three, 12 to 14 week sessions of the "*Nurturing Program for Recovering Families*," by Stephen J. Bavalek, Ph.D., and Juliana Dellinger Bavalek, M.S.E., which deals with parenting skills and issues. Responsible parties: Health Department's Prevention Office and Family Support Center and the Department of Social Services.

- ⇒ Conduct two sessions of *“Preparing for Drug Free Years”* by Drs. J. David Hawkins and Richard F. Catalano. Responsible party : Health Department’s Prevention Office.
- ⇒ Conduct *“Parents Who Care — A Guide for Parents with Teens”* by Drs. J. David Hawkins and Richard F. Catalano, three groups per year. Responsible party: Health Department’s Prevention Office.
- ⇒ Provide 10 scholarships per year to high school students to attend Maryland’s Annual Alcohol and Drug Abuse Prevention Conference. Responsible party: Health Department’s Prevention Office.
- ⇒ Provide prevention literature of their choice to SADD (Students Against Destructive Decisions) and to Youth Rise for distribution to high school students. Responsible party: Health Department’s Prevention Office.
- ⇒ Publish information from the Maryland Adolescent Survey in three papers twice a year. Responsible party: Combating Underage Drinking in Queen Anne’s County Task Force.
- ⇒ Publish a twice-a-year collaborative report and send it to agencies, churches, parent groups, and the media regarding the incidence and impact of underage drinking and drug use. Responsible party: Combating Underage Drinking in Queen Anne’s County Task Force.
- ⇒ Conduct an after-school program which focuses on prevention of underage drug and alcohol use. Responsible party: Health Department’s Prevention Office.
- ⇒ Pursue funding for a comprehensive, after-school program. Responsible party: Community Partnerships for Children.
- ⇒ Maintain membership on the Middle School Task Force. Responsible party: Health Department’s Prevention Office.

Partners

Combating Underage Drinking Coalition in Queen Anne’s County • Families First • HotSpots Committee • Queen Anne’s County Children’s Council, Middle School Task Force • Queen Anne’s County Community Partnerships for Children • Queen Anne’s County Health Department

Related Reports

Families Acting to Build Responsive and Integrated Communities (FABRIC). (1995). Regional Mid-Shore Local Management Board.

Maryland Governor’s Office of Crime Control and Prevention. (1999, May). *Combating underage drinking*. Grant application.

Maryland State Department of Education. (1996). *Maryland adolescent survey*.

Queen Anne’s County Community Partnerships for Children. (1999, December 3). *Expanded community partnerships Agreement: Concept Paper: “Family Links.”* Paper presented at the meeting of the Queen Anne’s County Community Partnerships for Children.

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